			I. CONTRACT ID COCE	PAGE	OF PAGES
MENDMENT OF SOLICITATION MODIF	ICATION OF CONTRACT			1 200 (500	NO Granden
AMENOMENT/MODIFICATION NO.	3 EFFECTIVE DATE		EQUISITION PURCHASE RED NO.	5. PROJECT	NO. (If applicable)
	09/26/2005	REC	1-4310-05-0016 DMINISTERED BY (# OUNG THAN BOTH B)	COOE AD	PS
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ONSUMER PRODUCT SAFETY CO	MMISSION	CO.	NSUMER PRODUCT SAPETY (V OF PROCURENENT SERVIC	.5.2 (1 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	••
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DOM 517		BE	THESDA MD 20814		
ETHESDA MD 20814			IA AMENDMENT OF SOLICITATION NO.		
NAME AND ADDRESS OF CONTRACTOR (No.)	trees, county, State and ZIP	N N	IV WIELD WITH D. CO.		
AMES TAYLOR			BE DATED (SEE ITEM 17)		
01 E ROANOKE ROAD					
TERLING VA 20164-3315		ļļ	10A NODIFICATION OF CONTRACT/ORDE	A NO.	
		n	CPSC-C-03-1292		
			108. DATED (SEE ITEM 13)		
CODE 074209037	FACILITY CODE		09/22/2003		
The above numbered solicitation is arounded as a Office must not nowinded receipt of this amortime			OMENTS OF SOLICITATIONS	satended, 🔲 🛍	noi estandad
learns 6 and 75, are represent which includes a reference to the PLACE DESIGNATED FOR THE RECEIPT YETUS Of the emergency to desire to thangs on relevance to the splicibulism and this amendment.	and is received prior to the opening	have and dails	specified.	\$36,900.	
12. ACCOUNTING AND APPROPRIATION DATA (I required.)	Net I	ncrease:	y	
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05-PS-EXOB-4310-11179-252F	MODERCATIONS OF CONFRACTS	MORDENS IT	MODIFIES THE CONTRACTIONDER HO. AS	DESCRIBED IN F	(E) 14
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Aug 12 05 09:32a James Taylor Aug-10-2005 17:33 US CPSC ADPS

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	reference NO. OF DOCUMENT BEING CONTINUED	2	4	_
CONTINUATION SHEET	CPSC-C-03-1292/0003	l		

	AMES SUPPLIES/SERVICES	QUANTITY	1 ł	UNIT PRICE	AMOUNT (F)
M NO.	(3)	(C)	(D)	(E)	(1)
A)					
	Previous funding:		1		
		Į	1	•	
	La sieinne Number (001 FY-04: 5 30,000.00		{		
	100 100 Shaper 1002 FY-04: \$ 10,000.00				
	Modification Number 0003 FY-05: \$ 36,900.00	!		Ì	
	Amount funded to date: \$152,400.00				
	2. CLIN 0003AA is at 18 each at \$950.00 each for			1	
	a total of \$17,100.00.	ļ	1 1		
	i			-	
	3. CLIN 0003AB is at 18 each at \$1,100.00 each		1 1	ł	
	for a total of \$19,800.00.		1	ļ	
	4. Paragraph 4. Statement of Work.			Ī	
	a shanged to include the word				
	Subparagraph B. 18 thanges to communication. "email" as an additional means of communication.				
	· P				
	subparagraph D.3 is changed to read as follows:	1			
	The record flow analysis shall include the				
		1		ļ	
		1			
,	Trainma and non-zerom	1	1 1		
	Questionnaires), shall be completed on each visit.	· [
•	subparagraph I.1 is changed to read as follows:				
			1		
	The Contractor shall prepare and deliver a typed				
	The Contractor shall proper to the CPSC Project Officer written trip report to the CPSC Project Officer	1	1		
	written trip report of return that shall describe within three days of return that shall describe	1		1	
	in narrative format the key aspects of the	1			
	orientation/evaluation visit. The report shall	1	-		
	include the names and titles of all hospital	1		•	
	staff that were visited and subjects discussed.				
	The report shall include copies of the completed				
	"Record Flow Questionnaire" (Attachment A),	1			
•	"Record Flow Question Link Ferformance Summary" form "NEISS Evaluation Visit Ferformance Summary" form		-		
	(Attachment B), "NEISS Evaluation Record Review		1		
	(Attachment b), MS-ACESS report, and all Form" (Attachment D), "MS-ACESS report, and all			ì	
	electronic files (see attachments C through F).	1	1	1	
	Subparagraph J is changed by the addition of	I	ŀ	1	
	Paragraph 3 as follows:	Į.		ļ l	
	1		1		
	Completion of Record Review:	.		ļ (
	a. Excellent performance: Completes all items in	,	-	,	
	Continued			1 1	
			-		
			Ì]	
				··	DETIONAL FORM 134 (4.3) Eponeorid by GSA

		PAGE	OF	
	REFERENCE NO. OF DOCUMENT BEING CONTINUED	3	4	
CONTINUATION SHEET	CPSC-C-03-1292/0003			

AYLOR .	AMES	QUANTITY	UNET	UNIT PRICE	AMQUNT
ITEM NO	GUPPLIES/SERVICES		(D)	(E)	 (F)
(A)	(B)				
	4, C, D, E, F, G, and H.	1			
	b. Successful performance: Completes all but one item in 4, C. D. S. F. G. and H.				
	c. Pour performance is defined as not meeting the excellent or successful criteria.				
	5. Paragraph 5. Delivery or Performance.				
	Items Number 1 & 2 are changed to include the word "email" as an additional means of communication.	G.			
	 Paragraph 7. Place of Delivery or Performance is changed to include the word "email" as an additional means of delivery. 				
	7. Paragraph 8. Travel.				
	Subparagraph A is changed to read as follows:				•
	TRAVEL COSTS: All travel costs will be reimbursed in accordance with the following provisions and the Federal Travel Regulations (http://www.gsa.gov/travel). Prospective Offerors may review the maximum federal rates at http://www.gsa.gov, click on per dism rates in the e-TOOLS: Online Services.				
	Subparagraph G. is changed to read as follows:				
	The Contractor shall not exceed the maximum per diem rates at the rates set forth for individual cities as allowed by the Federal Travel Regulations without the prior written approval of the Contracting Officer. The web site that addresses these rates is http://www.gsa.gov.per diem rates in the e-TOOL Online Services.		-		
	subparagraph H is changed to read as follows:				
	The cost of travel by privately owned automobile shall be reimbursed at 40.5 cents per mile, as established by the Federal Travel Regulations. Such reimbursement, however, shall not exceed the otherwise allowable comparative cost of travel by	•			

OPTIGNAL FORM 338 (4-85) Speciation by GSA FAR (48 CFR) 53,110

common carrier.

Continued ...

8. Paragraph 11. Billing Instructions.

		REFERENCE NO. OF DOCUMENT BEING CONTINUED				4 4
	UATION SHEET	CPSC-C-03-1292/0003				
ME OF OFF	EROR OR CONTRACTOR				UNIT PRICE	AMOUNT
AYLOR J	AMES	SUPPLIESSERVICES	QUANTITY		(E)	(F)
ITEM NO.		(B)	(C)	(0)		
(A)		c is changed to read as follows:				
	ALL OTHER INF	ORMATION RELATING TO THE PURCHASE	:			
	ORDER Contact: Wil	liam Graves (301) 504-7045.				
	9. Paragraph Materials/Equ	15. Government Furnished				
	Subparagraph	a.B is changed to read as follows):			
	NEISS EVELUAT	ion Visit Performance Summary for	CWA		ļ	
	10. Paragrap	h 17. List of Attachments.			:	
	Subparagraph	A. is changed to read as follows puestionnaire (Trauma Hospitals)				
		A.1 is added as follows:				. :
	Record Flow	Questionnaire (Non-Trauma Hospit a	16)		•	•
		end .				·
			i.			
			·			
		•				
	1				<u> </u>	OPTIONAL FORM 336 (4-95) Symmond by GEA FAR (44 CFR) 53:110

Attachment A Record Flow Questionnaire (Trauma)

1.	Is a re	ord initiated on each person who arrives at the ER?
		Yes
2.		itiates the record?
3.	Is ther proper	a triage (sorting out and classifying patients to determine priority of need and place of treatment?
		Yes → Can all patient records be intercepted in the ER? Yes □ No → Describe:
		No
4.	Does t	ne hospital have a morgue?
		Yes → Do DOA's come through the ER first or go directly to the morgue? DOA's come through ER first → Is an ER record prepared? Yes □ No
	0	DOA's go directly to the morgue No → Is there a log for DOA's? Yes No → Describe any record made of the DOA:
5.	For tre	ated and released patients, indicate where each copy is filed and at what point the are separated?
	Copy Copy Copy	filed: filed: filed: filed: filed: filed: filed:
	Copie	separated:

6.	For patients treated and transferred to another facility, is a copy of the record retained in the ER?						
	☐ Ye	es	No → Describe:				
7.	For pa	atients ac	lmitted to the hospital, is a copy of the ER record retained in the ER?				
	☐ Ye	es	No → Describe:				
8.	Transi	it of ER	record to medical records:				
	a.	How lo	ong after ER treatment is the record sent to medical records:				
	b.	Is the r	record sent directly to medical records? s □ No → Describe:				
	c.	Is a cop ☐ Yes ☐ No	py kept in the ER? → For how long?				
9.	Will t	he origin	al ER record be available for the NEISS coder?				
	☐ Yes	S	\square No \rightarrow Is the copy available legible?				
10.	Is the	record fl	ow the same as described above for the following types of cases:				
	a. Fire	earm inj	uries				
		☐ Yes ☐ No	→ Describe:				
	b. Wo	rk-relate	ed injuries				
		☐ Yes ☐ No	→ Describe:				
	c. Ho	spitalize	d injuries				
		☐ Yes ☐ No	→ Describe:				
	d. Inte	entional Yes					

	T Voc Specify:	Within Hospital:	Outside Hospital:
	☐ Yes → Specify:	☐ Social Worker ☐ Social Services ☐ Hospital Administration ☐ Other	☐ County Social Servi ☐ State Social Service ☐ Police ☐ Other
	□ No		
D	oes this hospital have a tra	uma unit?	
	☐ Yes → Is it certified a	as	
	□ No		
D	oes this hospital have a bu	rn unit?	
	☐ Yes → Is the coder in	itercepting all emergency cases	s? 🗆 Yes 🗆 No
	□ No	•	
Is	this hospital a regional or	local poison control center?	
	☐ Yes, regional poison of ☐ Yes, local poison con ☐ No	control center trol center	
If	any cases are being misse	d for any reason, describe corr that the NEISS coder will be a	ective actions that have eporting all in-scope cas

15.	Is the record flow the same	as described above for the follo	owing types of cases:
	a. Firearm injuries☐ Yes☐ No → Describe:_		
	 b. Work-related injuries ☐ Yes ☐ No → Describe:_ 		
	c. Hospitalized injuries Yes		
	d. Intentional injuries 7 Yes		
	Are intentional injuries the hospital?	reported to others either within Within Hospital:	the hospital or outside the Outside <u>Hospital</u> :
	☐ res → Speeny.	☐ Social Worker ☐ Social Services ☐ Hospital Administration ☐ Other	☐ County Social Services ☐ State Social Services ☐ Police ☐ Other
	□ No	•	
16.	Does this hospital have a tra ☐ Yes → Is it certified	auma unit? as	
	□ No		
17.	Does this hospital have a bu Yes, regional poison Yes, local poison cor	control center	

Attachment A 1 Record Flow Questionnaire(Non-Trauma)

1.	Is a rec	cord init	iated or	n each	persor	ı wl	ho arrives at the ER?
		Yes			No-	→ :	Describe:
2.							· · · · · · · · · · · · · · · · · · ·
3.	Is ther	e a triag place o	e (sorti f treatm	ng out ient?	and cl	ass	ifying patients to determine priority of need and
		Yes →		ll patie	ent reconormal $To \rightarrow \Gamma$	ord: Desc	s be intercepted in the ER?
		No					
4.	Does t	the hosp	ital hav	e a mo	orgue?		
		Yes →	Do D(OA's c OA's c	ome th	rou hro	ugh the ER first or go directly to the morgue? ugh ER first → Is an ER record prepared? Yes No
	□	No →	Is ther	e a log Yes	g for D	OA	ectly to the morgue A's? e any record made of the DOA:
5.	For tro	eated an s are sep	d releas arated?	sed pat	ients,	indi	icate where each copy is filed and at what point the
	Copy Copy Copy Copy Copy	2 filed: 3 filed: 4 filed: 5 filed: 6 filed:					
	Copie	e schara					

6.	For patients treated and transferred to another facility, is a copy of the record retained in the ER?						
	Yes	No → Describe:					
7.	For patient	es admitted to the hospital, is a copy of the ER record retained in the ER?					
	Yes	No → Describe:					
8.		ER record to medical records:					
	a. Ho	w long after ER treatment is the record sent to medical records:					
		he record sent directly to medical records? Yes □ No → Describe:					
		a copy kept in the ER? Yes → For how long? No					
9.	Will the or	riginal ER record be available for the NEISS coder?					
-	☐ Yes	\square No \rightarrow Is the copy available legible?					
10.	Is the reco	rd flow the same as described above for the following types of cases:					
	a. Firearm	n injuries					
		Yes No → Describe:					
	b. Work-r	elated injuries					
		Yes No → Describe:					
	c. Hospita	alized injuries					
		Yes No → Describe:					
	d. Intentio	onal injuries					
	0	Yes No → Describe:					

	☐ Yes → Specify:	Within Hospital: ☐ Social Worker ☐ Social Services ☐ Hospital Administration ☐ Other	Outside Hospital: County Social Services State Social Services Police Other	
	□ No			
Does this hospital have a trauma unit?				
	☐ Yes → Is it certified a	s		
	□ No			
D	Does this hospital have a burn unit?			
	☐ Yes → Is the coder in	tercepting all emergency case	s? 🗆 Yes 🗆 No	
	□ No			
Is	this hospital a regional or	local poison control center?		
☐ Yes, regional poison control center ☐ Yes, local poison control center ☐ No				
	any cases are being missed	d for any reason, describe corr that the NEISS coder will be	rective actions that have reporting all in-scope cas	

15.	Is the record flow the same as described above for the following types of cases:
	 a. Firearm injuries ☐ Yes ☐ No → Describe:
	 b. Hospitalized injuries ☐ Yes ☐ No → Describe:
	□ No → Describe:
16.	Does this hospital have a trauma unit? ☐ Yes → Is it certified as ☐ Level I? ☐ Level II? ☐ Level III? ☐ Other?
	□ No
17.	Does this hospital have a burn unit? ☐ Yes, regional poison control center ☐ Yes, local poison control center ☐ No